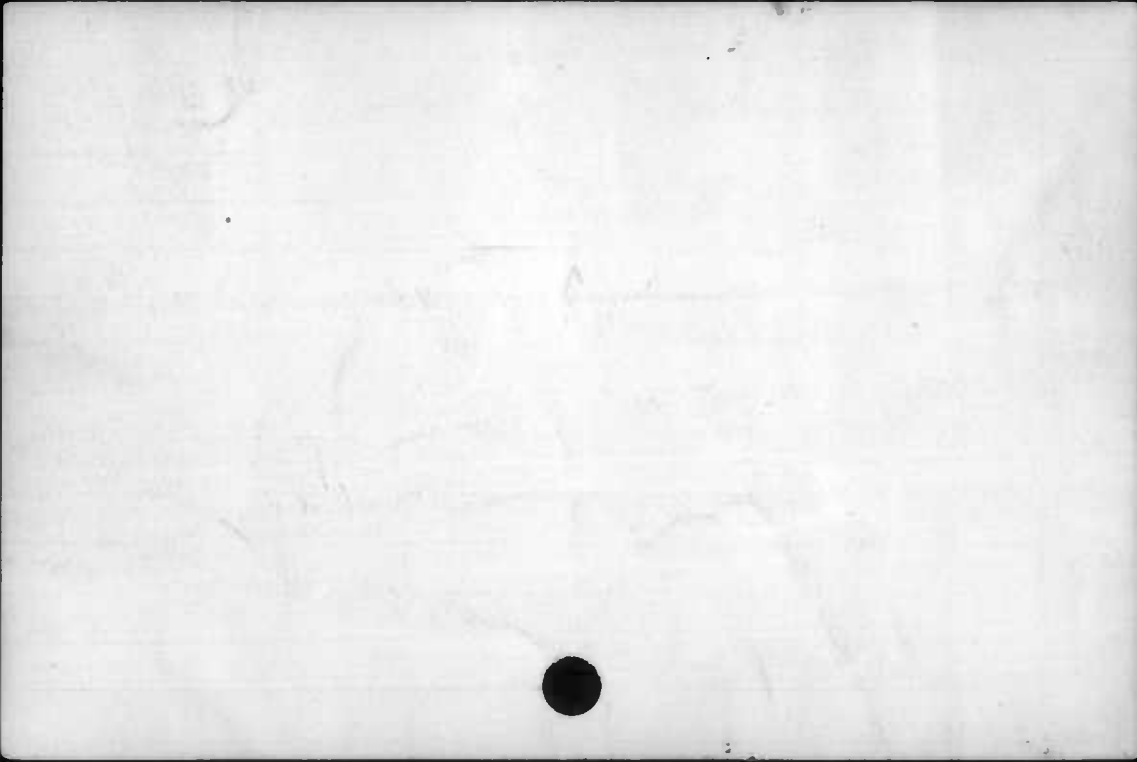


Name in Full Isaac Addison		County Prince George		CERTIFICATE OF DEATH	
Died at Chillum		Town Chillum		MARYLAND	
Date of death 1909		Month December		Day 19	
Age 6		Years 6		Months 4	
Sex Male		Color or Race Colored		Birth-place Prince Geo. Md.	
Occupation none		Where Residing if not at place of death -----			
Married, Single or Widowed single		Name of Wife or Husband -----			
Father's Name Colbert Addison		Father's Birthplace Maryland			
Mother's Maiden Name Emma Jackson.		Mother's Birthplace Maryland			
Name of person giving information Colbert Addison		How related to deceased Father			
CAUSES OF DEATH					
Primary Scarlet Fever		How long Seven days			
Immediate Hemiplegia, Exhaustion		How long Hemiplegia 4 days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician <i>[Signature]</i>			
		Address Takoma Park D.C.			
Accident or Suicide? /					



Name
in
Full

CERTIFICATE OF DEATH

Albert Ader

Town

County

MARYLAND

Died at Manor Farm

Prince George

Date

Month

Day

Years

Months

Days

of death 190 9 Dec

Age 59

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

farmer

Where Residing if not
at place of death

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Father's
Name

Jervis Ader

Father's
Birthplace

Md.

Mother's
Maiden Name

Margaret Ader

Mother's
Birthplace

Md.

Name of person giving
Information

Mrs E. Seafely

How related
to deceased

sister

CAUSES OF DEATH

Primary

cerebral hemorrhage

How long

64

1 msa

Immediate

asthenia

How long

2 1/2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J M Brady
Kendallville, Pa.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hyalts

744

Mr Weist
Edgeton Hight

Mr James Fowler

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

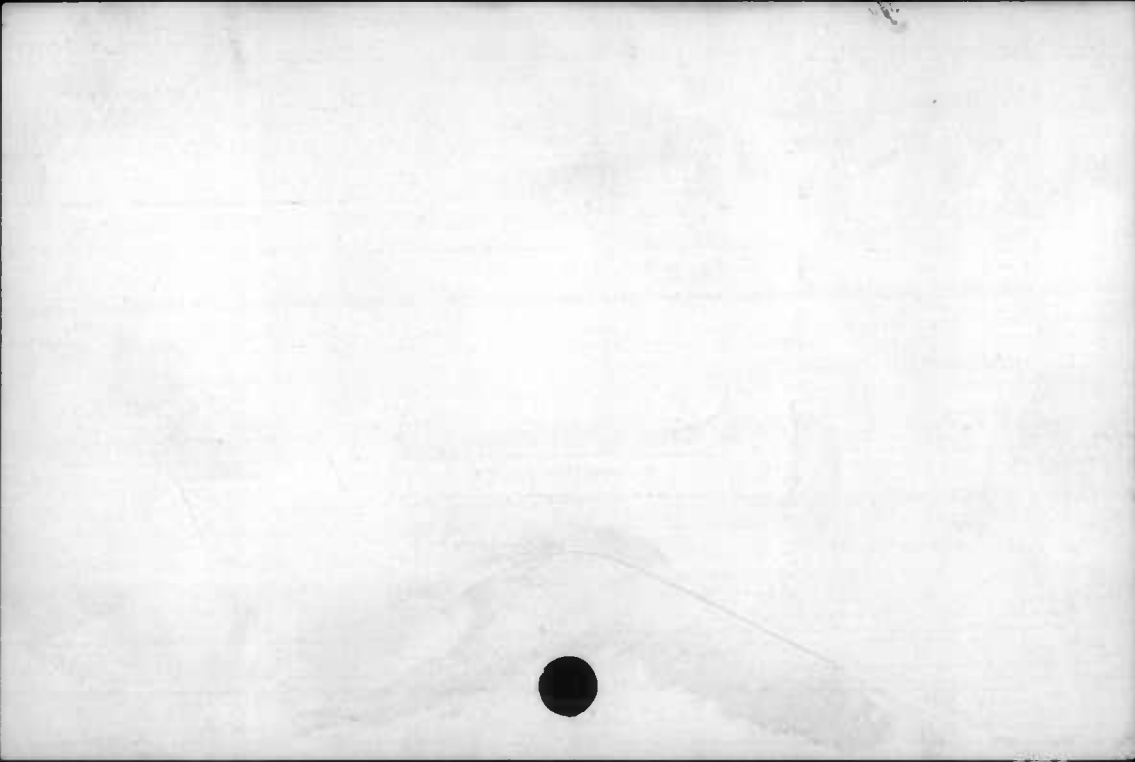
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec	9	Age 68	4	3	
Sex		Color or Race		Birth-place			
Male		Colored		Maryland			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Annie Meades					
Father's Name				Father's Birthplace			
Unknown				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Maryland			
Name of person giving information				How related to deceased			
James Meades				Brother-in-law			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis	How long	Years.
Immediate	Uremia	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. M. Brown	
		Address	
		Aguasca	
Accident or Suicide?		Md.	
No			



Name
in
Full

Martha A Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} New W. Marlboro ^{County} P. Geo

MARYLAND

Date of death 1909 ^{Month} 12 ^{Day} 13 Age ^{Years} 60 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Va

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William H. Boswell

Father's Name Lloyd Gray Father's Birthplace Va

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information W. H. Boswell How related to deceased Husband

CAUSES OF DEATH

68

Primary

Dementia

How long

1 year

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

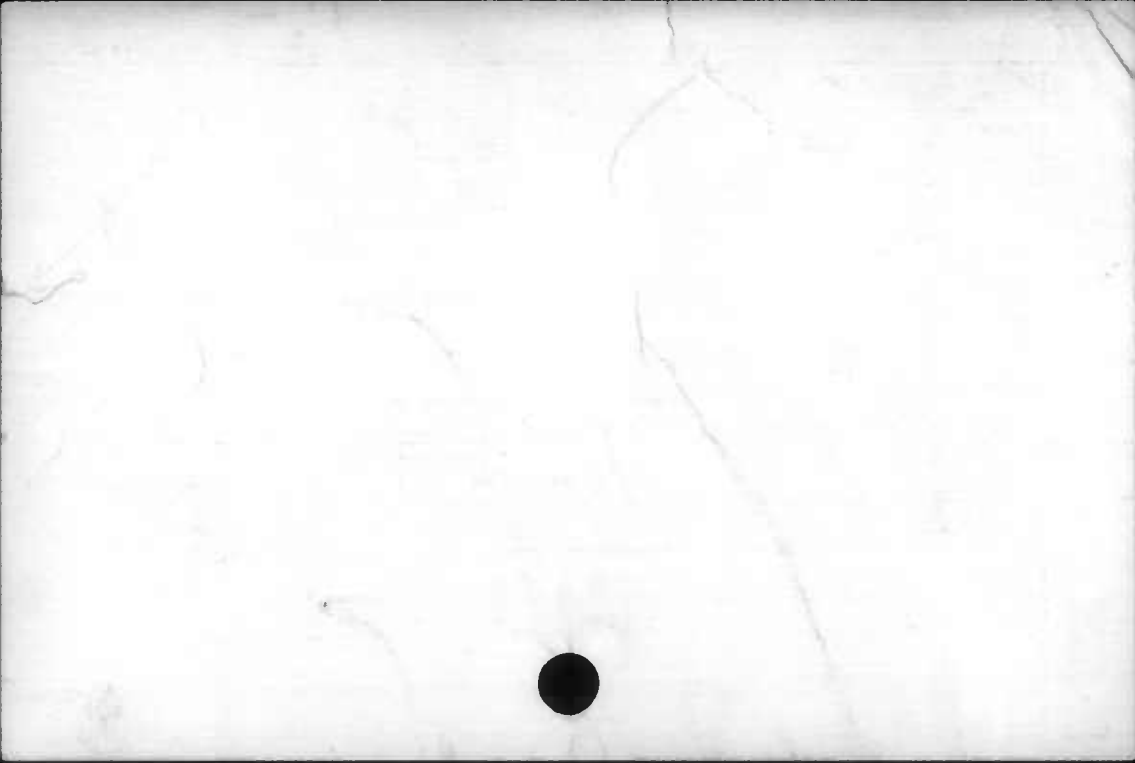
Yes

Signature of Physician

Address

Reneady Sancer
Upper Marlboro
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

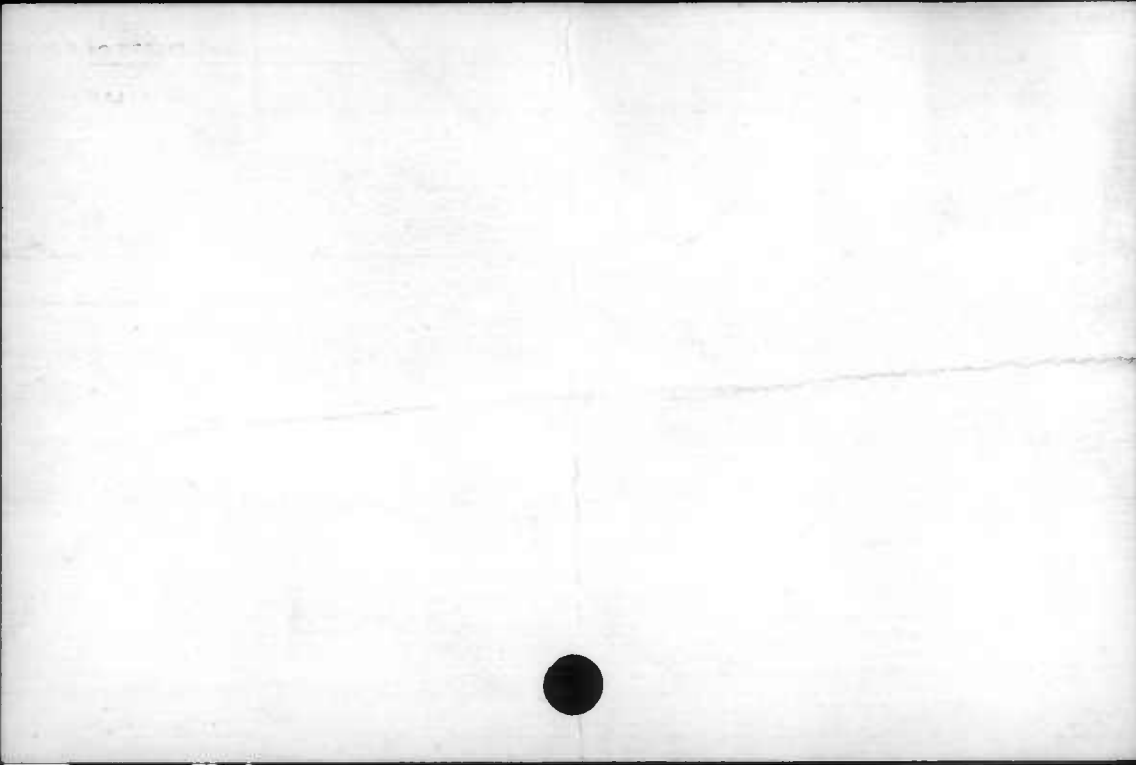
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berwyn</i> Town		<i>Borleng</i> County		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Dec</i>	Day <i>11th</i>	Age <i>4</i>	Years <i>hours</i>	Months Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Berwyn</i>			
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>R. H. Bowling</i>	Father's Birthplace <i>Chas. Co. Md</i>				
Mother's Maiden Name <i>Katharine J. [unclear]</i>	Mother's Birthplace <i>Prince Geo Co "</i>				
Name of person giving Information <i>R. H. Bowling</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Premature Birth</i>	How long <i>1 day</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide <i>no</i>	<i>Md</i>

PHYSICIAN
OR CORONER



Name
in
Full

Joseph P. Bratton

CERTIFICATE OF DEATH

Died at *Fort Washington* ^{Town}*Prince George* ^{County}

MARYLAND

Date of death *1909* ^{Month} *December* ^{Day} *27th*Age *27* ^{Years}Months *3*Days *—*Sex *Male*Color or Race *White*Birth-place *Jersey City, N.J.*Occupation *Soldier*Where Residing if not at place of death *Resided at Fort Washington, Md.*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *"*Mother's Birthplace *"*Name of person giving information *H. von Oehsen, Sgt 1st class, Hosp. Corps*How related to deceased *Not related*

CAUSES OF DEATH

Primary *Chronic nephritis*How long *Unknown*Immediate *Acute pulmonary oedema*How long *48 hours.*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

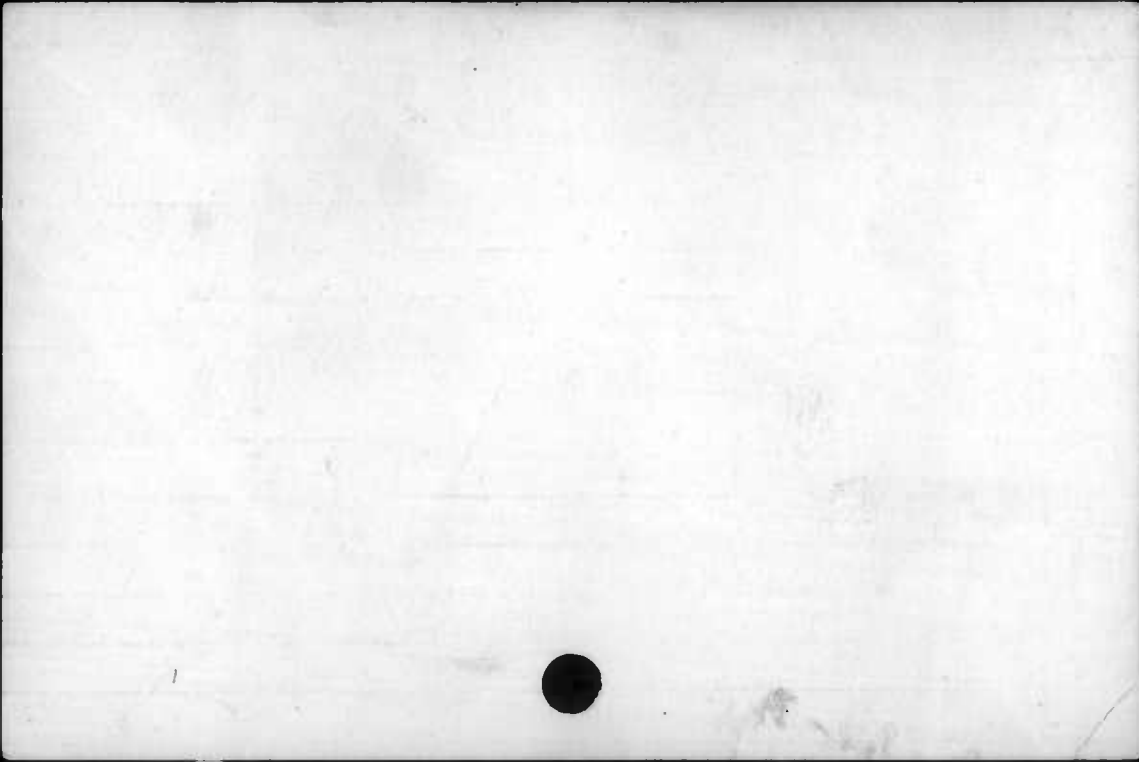
M. H. Darnall

Address

*1st Genl. Med. Res. Corps, U.S. Army
Fort T. Washington, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Eugene Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hypattsville</u> <small>Town</small>		<u>Pr Geo</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small>		<u>31</u> <small>Day</small>	Age <u>32</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>D.C.</u>	
Occupation <u>Insurance Agent</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo. Buchanan</u>		Father's Birthplace <u>D.C.</u>			
Mother's Maiden Name <u>Mary E. Campbell</u>		Mother's Birthplace <u>Va</u>			
Name of person giving Information <u>Mary E. Campbell</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

Primary	<u>Myocarditis</u>	How long	<u>(79)</u> <u>3 mo</u>
Immediate	<u>Mitral insufficiency</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. W. Kater</u>	
		Address <u>Hypattsville</u> <u>md</u>	
Accident or Suicide <u>Neither</u>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Levi Canter
Town

County

Pr. Geo

MARYLAND

Died at

Aguasco

Date

of death 190

9

Month

Dec

Day

22

Age

Years

31

Months

7

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
~~Husband~~

Margaret Dumar

Father's
Name

Henry Canter

Father's
Birthplace

Ind.

Mother's
Meiden Name

Sarah Arde

Mother's
Birthplace

Ind.

Name of person giving
Information

Albert Richardson

How related
to deceased

son

CAUSES OF DEATH

Primary

Softening of Brain

How long

3 yrs.

Immediate

Heart Failure

How long

Instant.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. Mortimer Dumar

Aguasco

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elmer E. Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Samuel Samlarin		Samuel		Prince George		MARYLAND	
Date of death	1909	Month	12	Day	31	Age	41
Sex	Male	Color or Race	White	Birth-place	Unknown		
Occupation	Clerk		Where Residing if not at place of death		Washington D.C.		
Married, Single or Widowed	Single		Name of Wife or Husband		Unknown.		
Father's Name	Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown		
Name of person giving Information	Mrs E E Clark		How related to deceased		Wife		

CAUSES OF DEATH

62

Primary	Tubercularis	How long	4 yrs
Immediate	General Paralysis	How long	3 months
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	Jesse Cloggin
Accident or Suicide	No	Address	Samuel

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George M. Sullivan Crowley
near Upper Marlboro Prince Georges

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1909		June	17 th	45	9	9	
Sex	Male	Color or Race	White	Birth-place	Batts		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband			
				Emily Augusta			
Father's Name	Jas Crowley			Father's Birthplace	Philadelphia		
Mother's Maiden Name	Elizabeth Briggs Crowley			Mother's Birthplace	Philadelphia		
Name of person giving Information	John H. Haband			How related to deceased	Brother-in-law		

CAUSES OF DEATH

Primary	Pneumonia,	How long	5-days
Immediate	Heart failure, Edema	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Reverdy Sasser
		Address	Upper Marlboro Md
Accident or Suicide			

PHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Garage* Town *Forestville* County *Pres. Ges*

Died at *Forestville* *Pres. Ges* MARYLAND

Date of death 1907 *Dec* Month *7* Day *76* Age *76* Years

Sex *Male* Color or Race *Colored* Birth-place *Unknown*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Georgianna Garage*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Stephen Green* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *1 wk.*

Immediate *General Debility* How long *2 or 3 times*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Sanbury* Address *Forestville*

Accident or Suicide *neither*



Name
in
Full

CERTIFICATE OF DEATH

Francis Deale

Town

County

MARYLAND

Died at

Mitchellville P. M. Co.

Date

of death 1909 Dec.

Month

Day

6th

Age

Years

6

Months

5

Days

Sex

Male

Color or
Race

Colored

Birth-
placePrince Georges Co.
Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

Edward Deale

Father's
BirthplacePrince Georges Co.
Md.Mother's
Maiden Name

Lizzie Brown

Mother's
BirthplacePrince Georges Co.
Md.Name of person giving
Information

Edward Deale

How related
to deceasedFather,
Md.

CAUSES OF DEATH

Primary

Acute indigestion

How long

Unknown

Immediate

Unknown

How long

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Yes

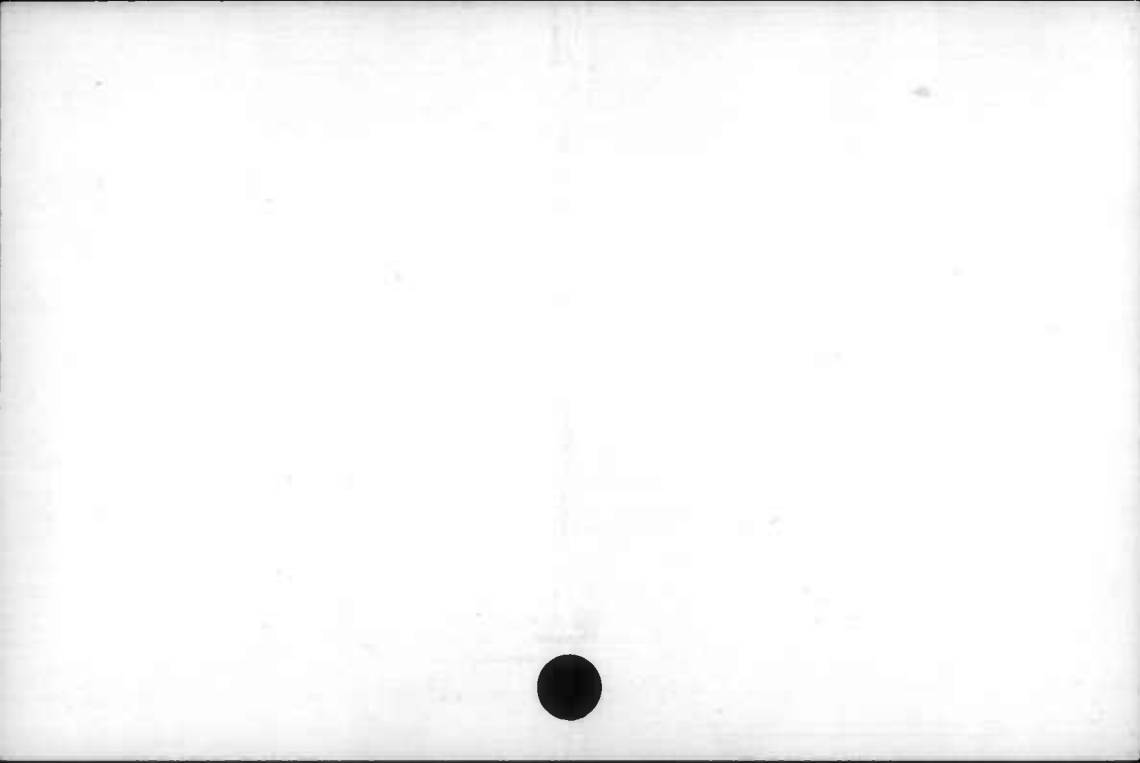
Signature of
Physician

Address

J. F. Duford,
Mitchellville,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Nontsey

(Town)

R. Geo

County

MARYLAND

Date
of death

1909 Dec

Month

Day

16

Age

Years

71

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Cornelius Deoanhu

Father's
Name

James Deoanhu

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Edelen

Mother's
Birthplace

Md

Name of person giving
Information

J W Deoanhu

How related
to deceased

Brother

CAUSES OF DEATH

146

Primary

Necrosis of tibia

How long

2 years

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W H Hibbons

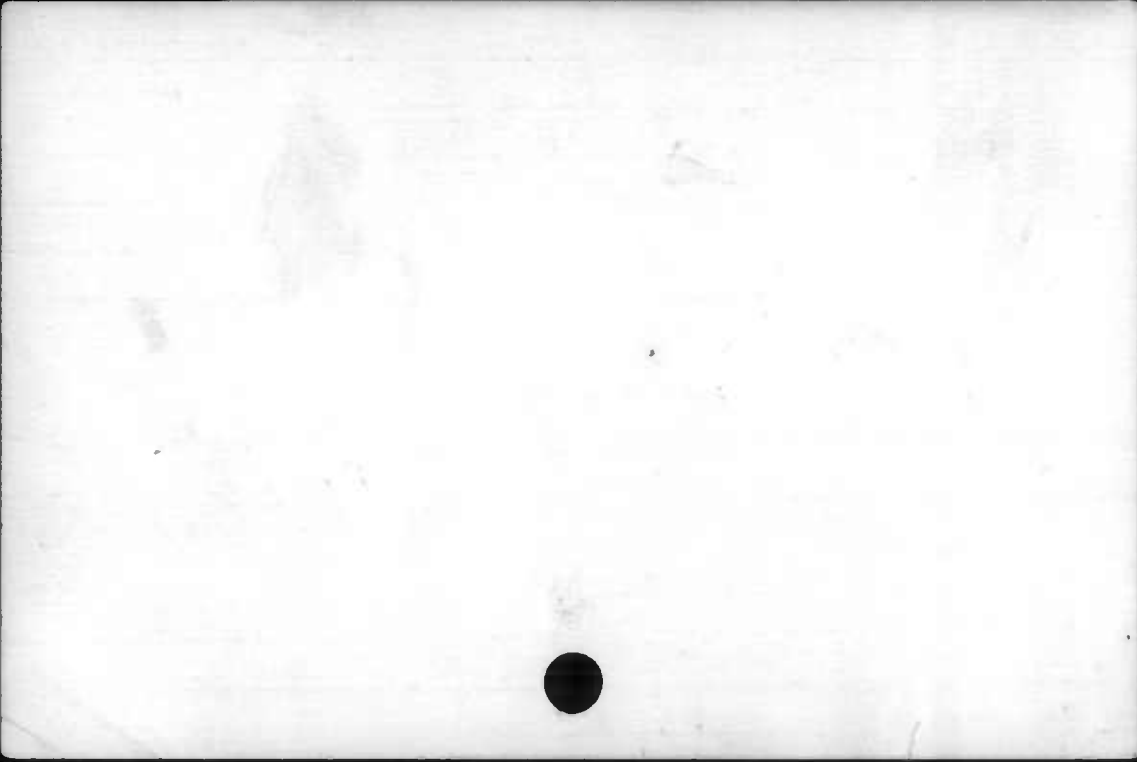
Address

Croom Md

Accident or Suicide

PHYSICIAN
OR CORONER

6



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

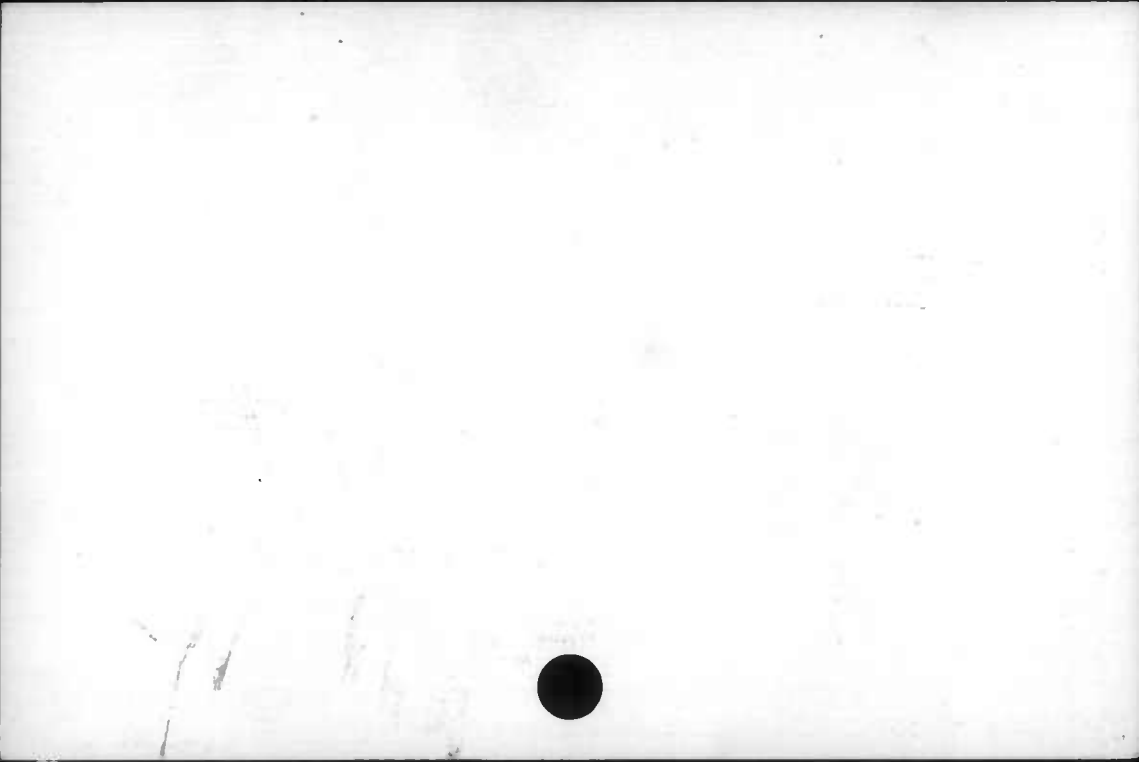
Name *Melvin Fleet*
Town *Camp Springs* County *Pr. Geo.*
Died at
Date of death *1909* Month *12* Day *2* Age *39* Years
Sex *Female* Color or Race *Colored* Birthplace *Md*
Occupation *Housework* Where Residing if not at place of death
Married, ~~Single~~ *Single* Name of Wife or Husband *Robert Fleet*
Father's Name *Richard H. Hawkins* Father's Birthplace *Md*
Mother's Maiden Name *Olivia Anne Gantt* Mother's Birthplace *Md*
Name of person giving Information *Jacob S. Hawkins* How related to deceased *Brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORNER

Primary *Chronic Interstitial Nephritis* How long *Indefinite*
Immediate *Dropsy & Heart Failure* How long *6 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *E. P. Simpson M.D.*
Address *Long Heights R.D. 5*
Accident or Suicide



Name
in
Full

Autism Frisch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

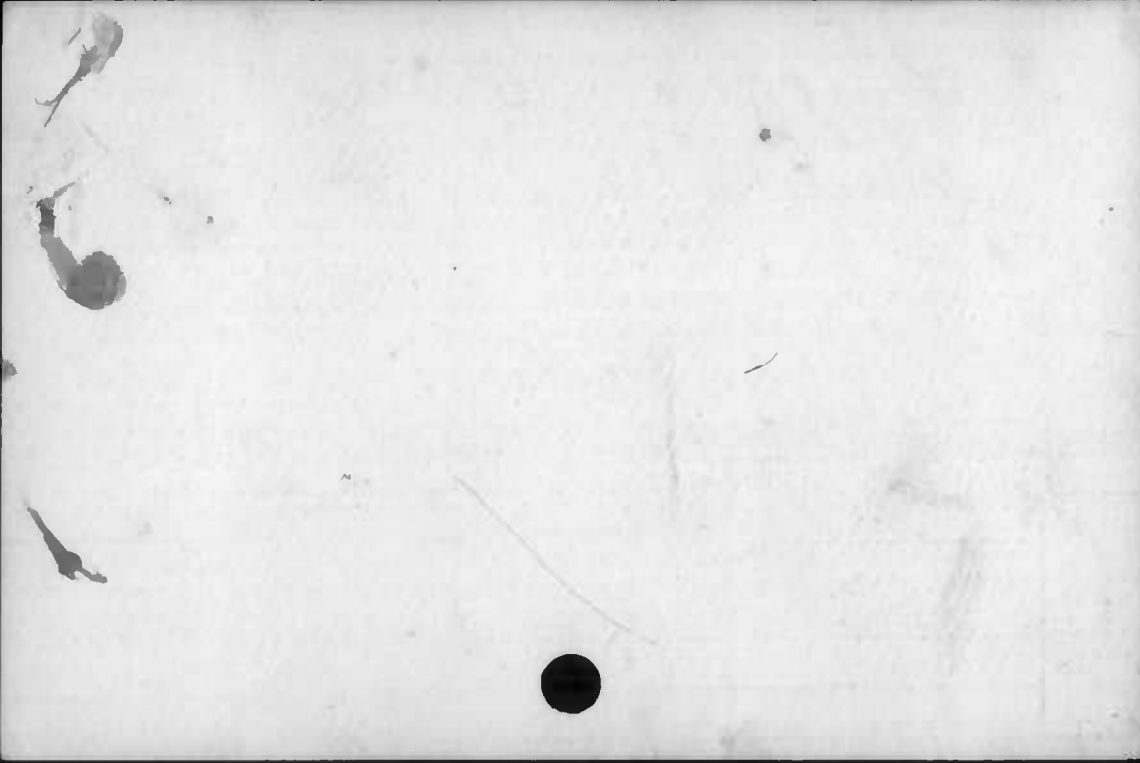
Died at <u>Immaculate</u> ^{Town}		<u>Penn</u> ^{County} <u>Gorge</u>		MARYLAND	
Date of death	1909	Month	Dec	Day	21
Age		79		Months	"
Sex	Male	Color or Race	White	Birth-place	Penn
Occupation	Teacher		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Joan Frisch			Father's Birthplace	Penn
Mother's Maiden Name	Mia Schmilt			Mother's Birthplace	"
Name of person giving information	Brother Clarence			How related to deceased	brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	about 1 month
Immediate	"	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. A. Fox	
		Address	
		Penn	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Esray
Forestrille

Town

P. G. Co.

County

MARYLAND

Date

of death

1909

Month

Dec

Day

10

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Gray.

Father's
Birthplace

Md.

Mother's
Maiden Name

Addie Johnson.

Mother's
Birthplace

Md.

Name of person giving
Information

George Gray.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born.

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John C. Laubury
Forestrille
Md.

Accident or Suicide?



Name
in
Full

Charles W. Green.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

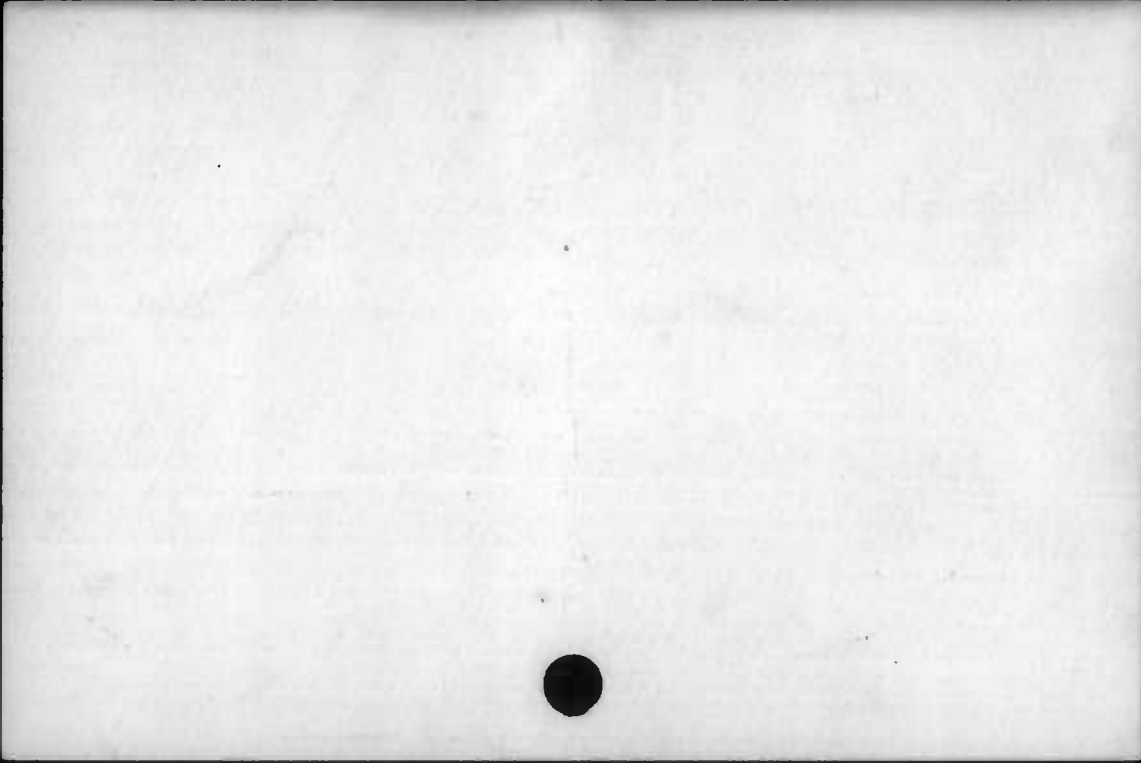
Died at <u>Leeland</u> <small>Town</small>		<u>Prince George's</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Dec</u> <small>Month</small>	<u>15th</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>No information</u> <small>Months Days</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Farm laborer</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Lottie Green</u>		
Father's Name	<u>Mordeca Mitchell</u>			Father's Birthplace	<u>No information</u>
Mother's Maiden Name	<u>Patsy Green</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Henry Williams</u>			How related to deceased	<u>half brother</u>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<u>Paralysis (left side)</u>	How long	<u>9 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. J. Hinkel</u>
		Address	<u>Hall, Md.</u>
Accident or Suicide? <u> </u>			



Name
in
Full

Not-named,

Groso
County

CERTIFICATE OF DEATH

MARYLAND

Died at Hyattsville

Date of death 1909 Dec.

Day 10

Age 51 1/2 Years

Months

Days

Sex Male

Color or
Race

White.

Birth-
place

Hyattsville

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Clyde E. Gross

Father's
Birthplace

Warren Pa.

Mother's
Maiden Name

Allen Crosby

Mother's
Birthplace

" "

Name of person giving
Information

Father V. C. E. Gross

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia and Cord.

How long

Few hours.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

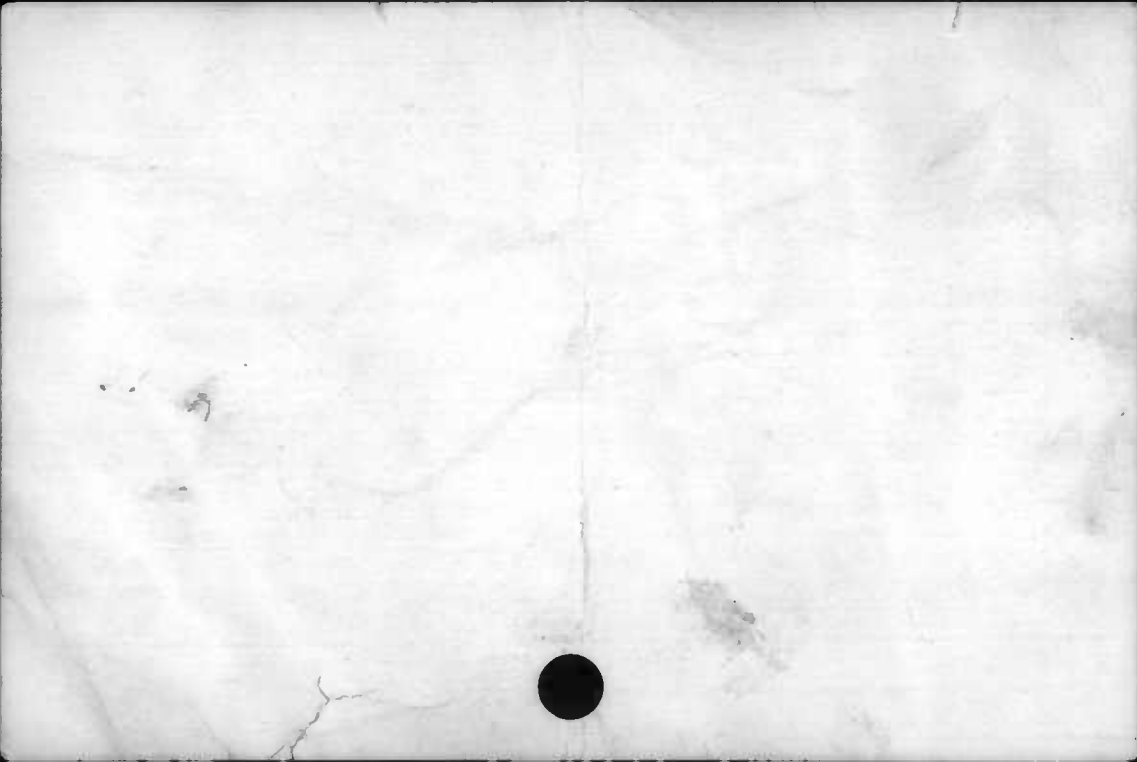
Address

R. A. Bennett M.D.
Riverdale Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary A Huleaud

CERTIFICATE OF DEATH

MARYLAND

Died at Cheltenham

Pr Geo

Date
of death

1909 Dec 19

Age 19

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Huband

Father's
Name

Robert Huleaud

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Johnson

Mother's
Birthplace

2nd

Name of person giving
Information

Robert Huleaud

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Asthenia

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. H. Gibbons

Address

6 room md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary E. Hammond

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lanier

P. 420

Date

of death

1909

Month

DEC

Day

13

Age

56

Months

8

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

House Wife

Where Residing If not
at place of death

Lanier

Married, Single
or Widowed

yes

Name of Wife or
Husband

John

Hammond

Father's
Name

Barlow J. Soper

Father's
Birthplace

Md

Mother's
Maiden Name

Marlow

Mother's
Birthplace

Md

Name of person giving
Information

Ary. Hammond

How related
to deceased

Son

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

93

2 wks.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Yes
NoSignature of
Physician

Address

D. R. O. Hardy
Lanier
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Hastings

Died at *Thurs House* *P.R.* County

MARYLAND

Date of death *1909* *Dec* *11* *Am* Age *71* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Ind*

Occupation *Suburban* Where Residing if not at place of death *—*

☒ Married, Single *—* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Law, seen* How related to deceased *No relation*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Old age* How long *9 yrs?*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Wandy*

Address *Clinton*

Accident or Suicide? *—*



Name

CERTIFICATE OF DEATH

Malinda Hawkins

Town

County

MARYLAND

Died at Beltsville

Prince George

Date of death 1909 Dec 3

Age

Months

Days

Sex female

Color or Race

Colored

Birthplace

Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

None

Father's Name

Bernard Hawkins

Father's Birthplace

Md

Mother's Maiden Name

Roreta Thomas

Mother's Birthplace

Md

Name of person giving Information

Roreta Thomas

How related to deceased

Mother

CAUSES OF DEATH

167

Primary

Burnt to death

How long

Immediate

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Augustus H. Dahler

Acting Coroner

Bladensburg Md

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr. J. A.

Mr. Mr. J. A. H.

Gov. Mr.

Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Hebron

Town

County

Died at

Harwood

Prince George

MARYLAND

Date

of death

1909

Month

Dec

Day

17

Age

21

Months

7

Days

3

Sex

Male

Color or
Race

Colored

Birth-
place

Prince George

Occupation

House Girl

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John Hebron

Father's
Birthplace

Prince George

Mother's
Maiden Name

Emily Carroll

Mother's
Birthplace

Prince George

Name of person giving
Information

Charlotte Hebron

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic Interstitial Pneumonia

How long

2 months

Immediate

Cardiac Weakness

How long

2 weeks

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

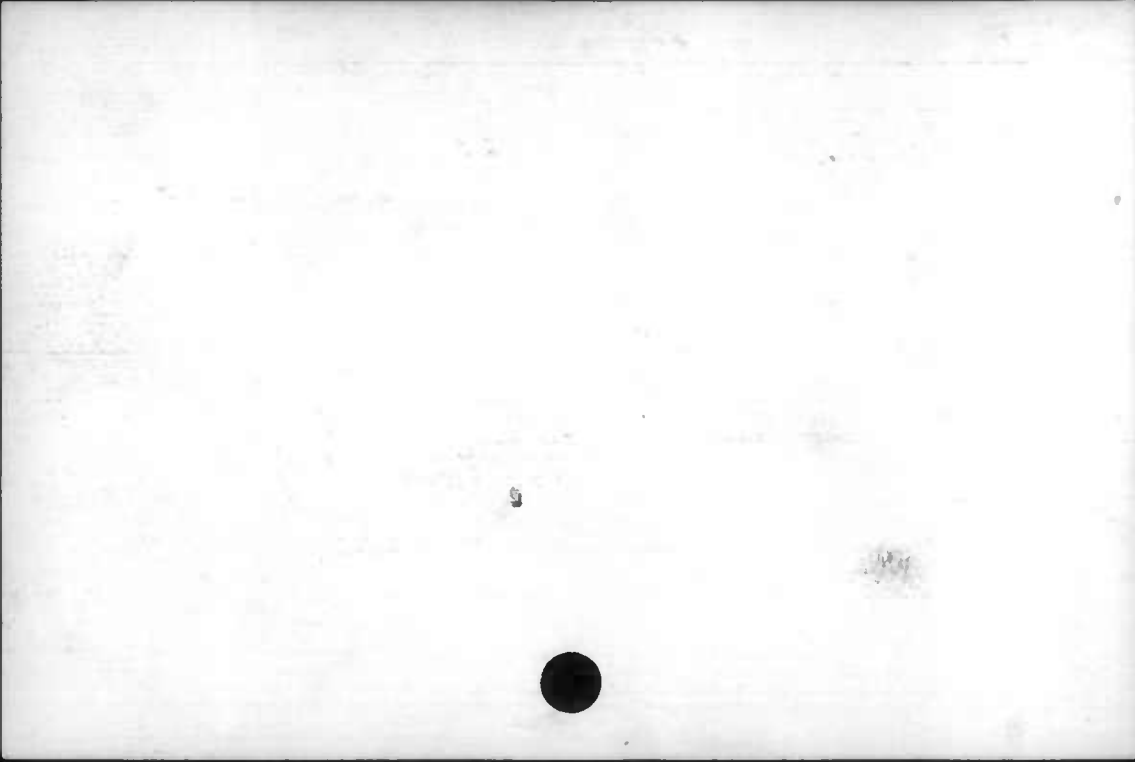
Macham Cawood, M.D.

West River

md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William J Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Calvert		County P. Geo		MARYLAND	
Date of death		Month Dec	Day 23	Years Age 19		Months	Days
Sex		Male		Color or Race		Colored	
Occupation		Farmer		Where Residing if not at place of death		Md	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Henry Henson		Father's Birthplace		Md	
Mother's Maiden Name		Mary Hall		Mother's Birthplace		Md	
Name of person giving Information		Henry Henson		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	10 days
Immediate	Pneumonia	How long	2 "
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		10. H. Gibson	
Address		Broom md	
Accident or Suicide			



Name
in
Full

Letitia Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

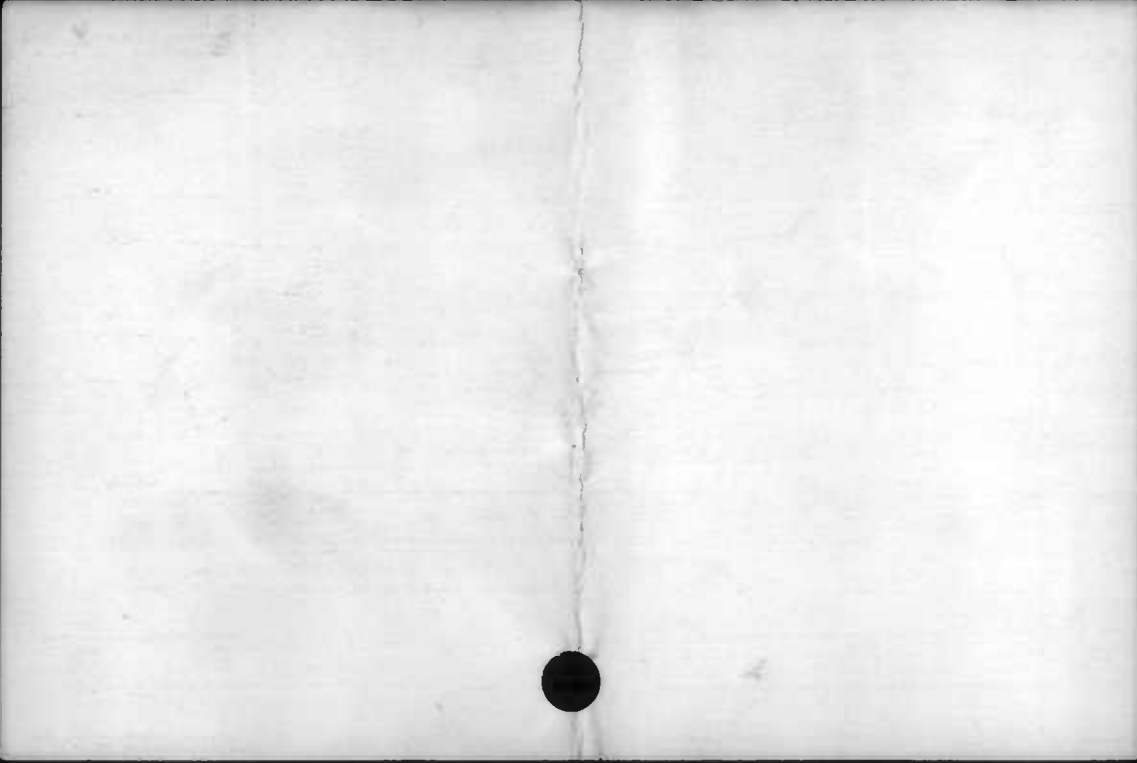
Died at <u>Lakeland</u> Town		<u>Pr. George</u> County		MARYLAND	
Date of death	<u>1909</u>	Month <u>Dec</u>	Day <u>6</u>	Age <u>38</u> Years	Months <u>4</u> Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Montgomery Co Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Andrew Hill</u>			
Father's Name <u>David Samuel Falls</u>			Father's Birthplace <u>Mississippi</u>		
Mother's Maiden Name <u>Elizabeth A. Statts</u>			Mother's Birthplace <u>Pr. Geo. Co Md.</u>		
Name of person giving information <u>Andrew Hill</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	<u>Puerperal Eclampsia</u>	How long	<u>4 hours</u>
Immediate	<u>Coma</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. D. Stienne</u>	
		Address <u>Bethesda Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Bertha Louise Hunter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

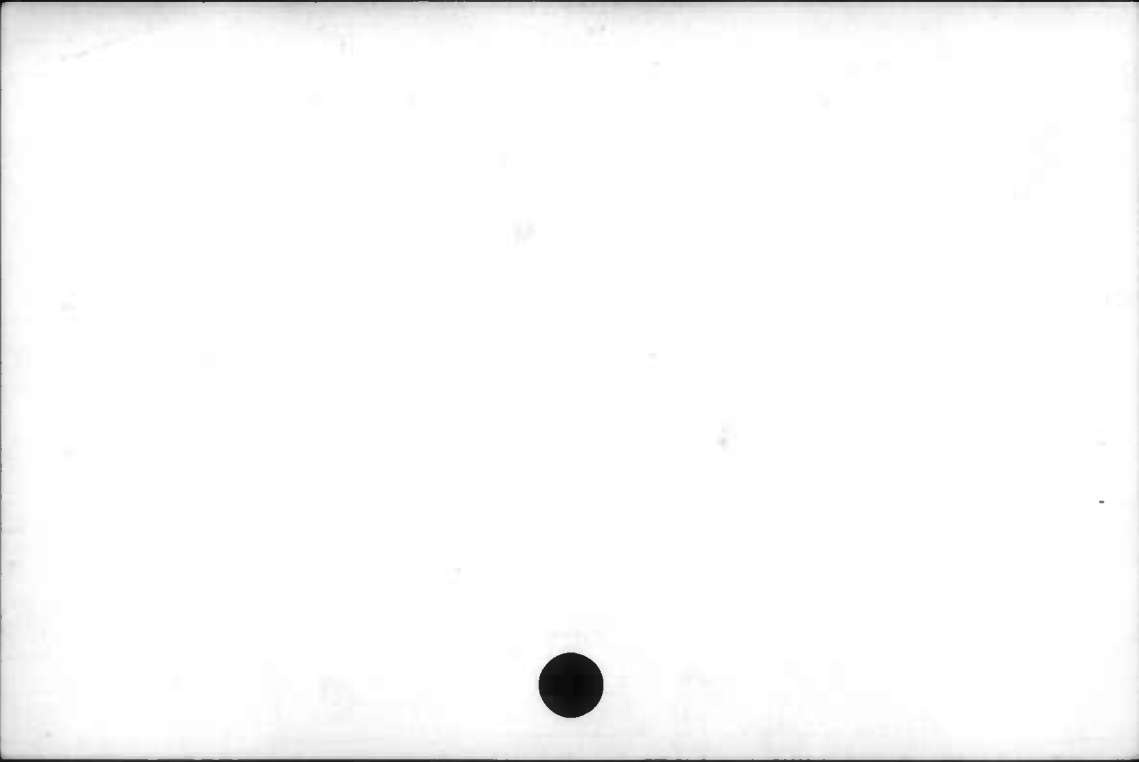
Died at <i>Capitol Heights</i>		Town <i>Capitol Heights</i>		County <i>Prince George</i>		MARYLAND	
Date of death <i>1909 Dec. 14</i>		Month <i>Dec.</i>		Day <i>14</i>		Age <i>6</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>West Virginia</i>		Months <i>6</i>	
Occupation <i>infant</i>		Where Residing if not at place of death <i>_____</i>				Days <i>_____</i>	
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>E. C. Hunter</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Barbara Holmes-</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>E. C. Hunter</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

93

Primary	<i>pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>syncope</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Brady</i>	
Accident or Suicide		Address <i>Kenilworth W. Va.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Infant Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ritchie* ^{Town} *P. G.* ^{County} **MARYLAND**

Date of death *1909* Month *12* Day *31* Age *7* Months *7* Days *10*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *none* Where Residing if not at place of death

Married; Single or Widowed *Single* Name of Wife or Husband

Father's Name *Edward M Hutchinson* Father's Birthplace *md*

Mother's Maiden Name *Effie V. Simpson* Mother's Birthplace *md*

Name of person giving Information *Edward M Hutchinson* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *General weakness* How long *7 weeks*

Immediate *& debility* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Gausberg M.D.*

Address *Constable*

Accident or Suicide *neither* *md*

E. Littleford

Topstville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Andrew Jackson* Town *Laurel* County *Prin. Geo.* MARYLAND
Died at *Laurel*
Date of death 1909 Month *Dec.* Day *21* Age *84* Years *11* Months *24* Days
Sex *Male* Color or Race *White* Birth-place *Italy*
Occupation *nothing* Where Residing if not at place of death *at Laurel*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Katharine*
Father's Name *Frances* Father's Birthplace *Italy*
Mother's Maiden Name *Josephine* Mother's Birthplace *Italy*
Names of person giving Information *Margaret C. Rutledge* How related to deceased *grand-daughter*

CAUSES OF DEATH

Primary

Apoplexy

How long

24 hrs

Immediate

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

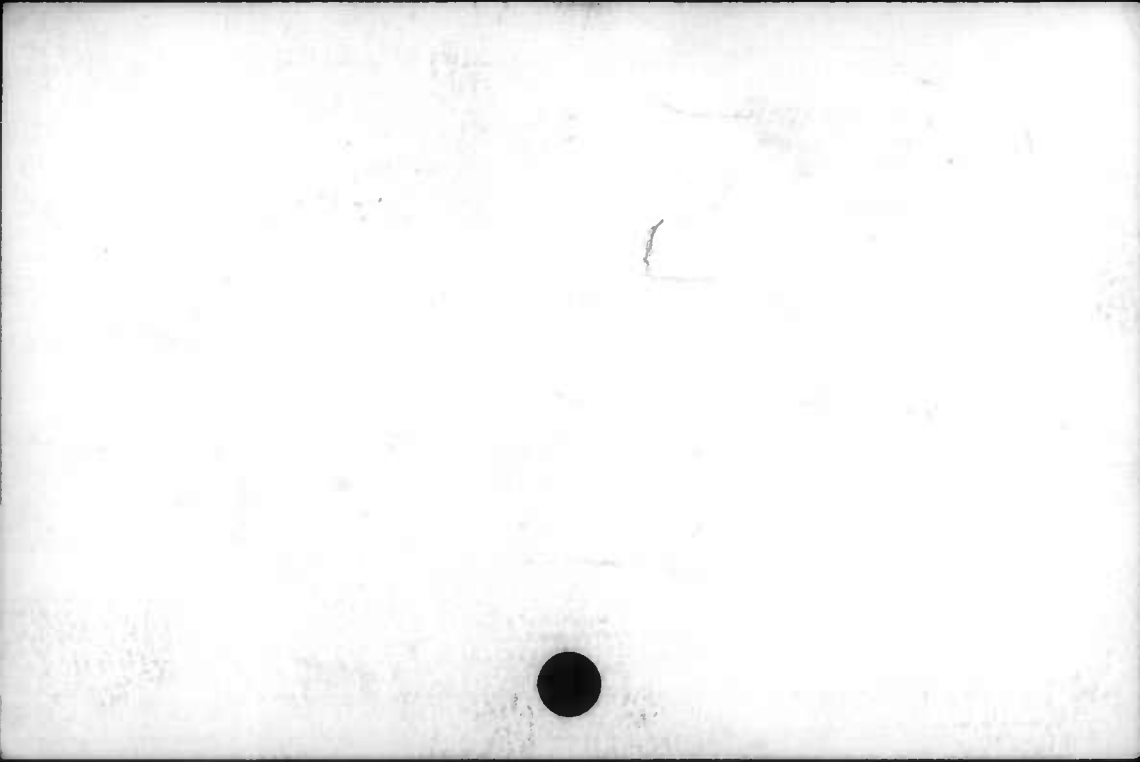
Address

J. H. Rynard
Laurel

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Cora James

CERTIFICATE OF DEATH

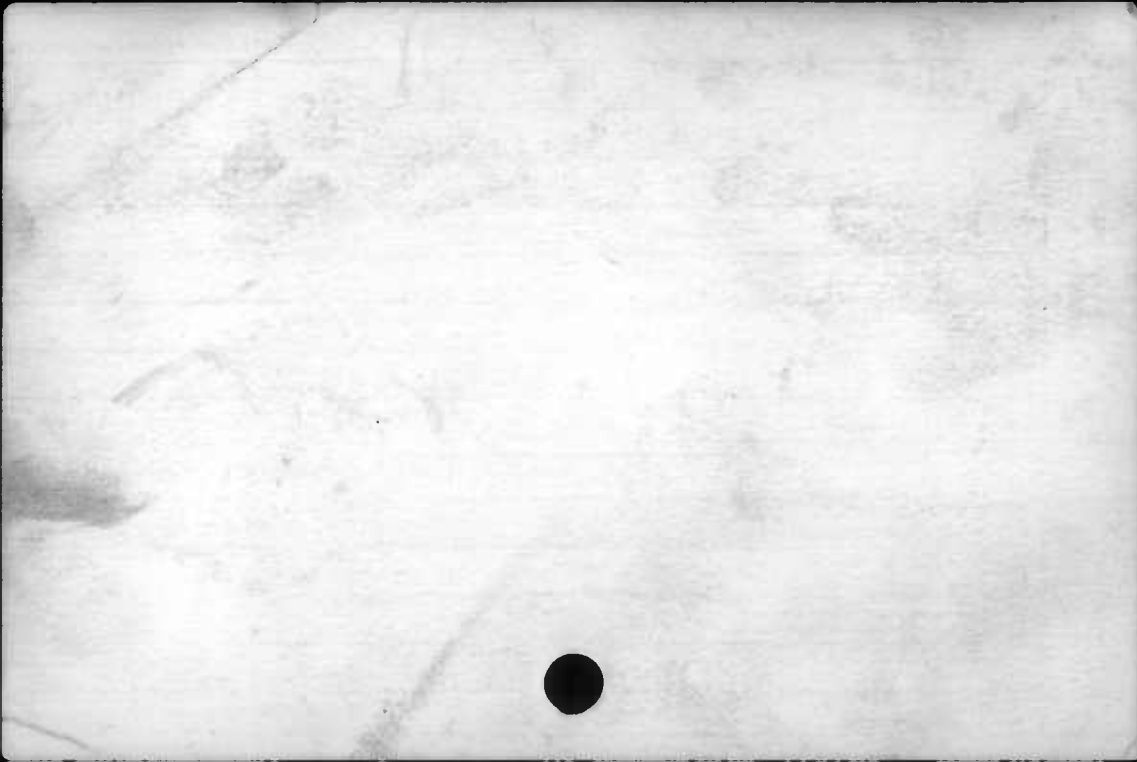
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> <small>Town</small>		<u>Pr Geo Co</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Dec</u> <small>Month</small>	<u>23</u> <small>Day</small>	<u>5</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>Colored</u>	Birth-place <u>Hyattsville Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Jno. James</u>	Father's Birthplace <u>Ches Co</u>				
Mother's Maiden Name <u>Martha Barton</u>	Mother's Birthplace <u>Pr Geo Co</u>				
Name of person giving Information <u>Geo Barton</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

Primary	<u>Broncho - Pneumonia</u>	<u>92</u> <small>How long</small>	<u>1 wk</u>
Immediate		<u> </u> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u> </u>	Address <u>Hyattsville Md</u>
Accident or Suicide	<u>Neither</u>		

PHYSICIAN
OR CORONER



Name
in
Full

Henry Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Towson Prince George County MARYLAND
Date of death 1909 12 20 20 Month 20 Day 20 Age 70 Years — Months — Days —
Sex male Color or Race Black Birth-place md
Occupation None Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Emily Johnson
Father's Name unknown Father's Birthplace unknown
Mother's Maiden Name unknown Mother's Birthplace unknown
Name of person giving Information Eduard Cooke How related to deceased none

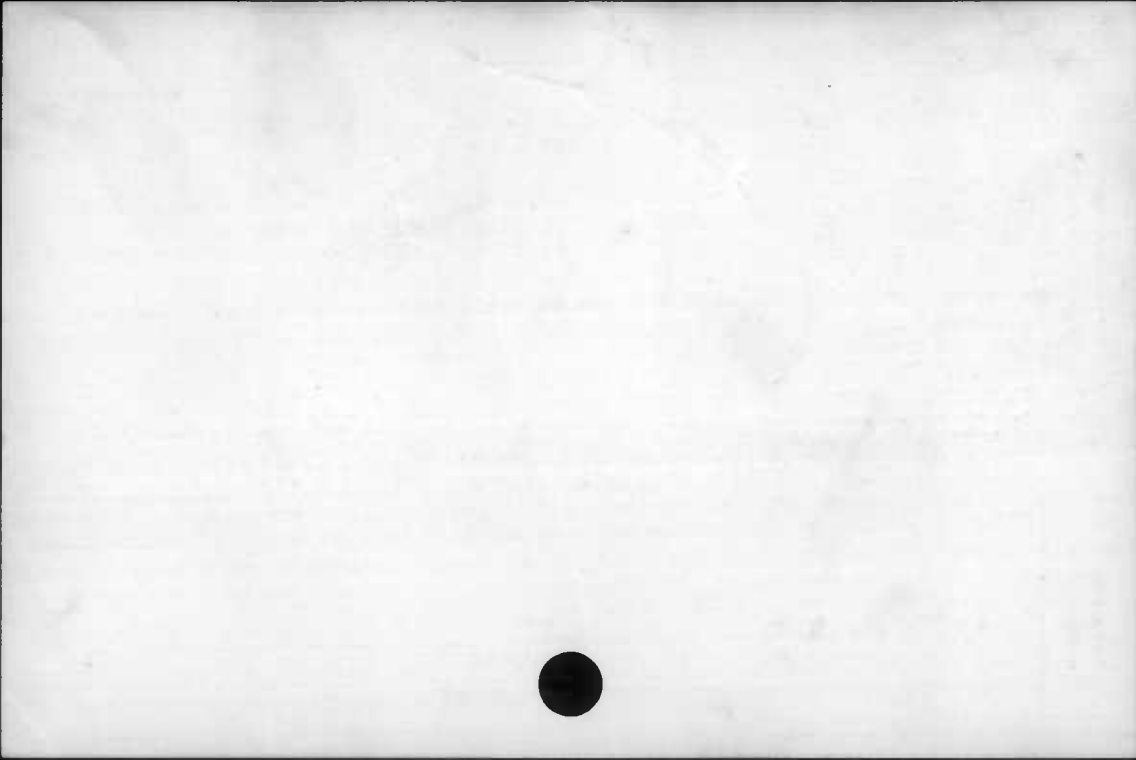
CAUSES OF DEATH

Primary Valvular Disease of the heart. old age 2 yrs
Immediate old age

Are the name, age, sex, color, date and place correctly given above? Yes
Accident or Suicide neither

Signature of Physician John E. Emmsbury
Address Towson md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

George I. Klotz
Died at Forestville JA. Co. Co. County
Date of death 1909 Dec Month 27 Day Age 59 Years
Sex Male Color or Race White Birth-place Alle.
Occupation Carpenter Where Residing if not at place of death
Married, Single or Widowed Widower Name of Wife or Husband Martha A. Klotz
Father's Name Fredrick Klotz Father's Birthplace Germany
Mother's Maiden Name Martha A. Klotz Mother's Birthplace Alle.
Name of person giving Information George F. Klotz How related to deceased Son

CAUSES OF DEATH

79

How long

How long

Primary Valvular Heart Disease Some Time
Immediate Heart Failure
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John C. Sausbury
Forestville
MD.

Accident or Suicide

PHYSICIAN
OR CORONER

THE UNIVERSITY OF
CHICAGO
LIBRARY



Name
in
Full

Milan Benjamin Korus -

CERTIFICATE OF DEATH

Died at *Cabernet* Town *Prince George* County *MARYLAND*

Date of death 190 *9* Month *Dec* Day *23* Age *—* Years Month *1* Days *8*

Sex *male* Color or Race *white* Birth-place *ind.*

Occupation *infant* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Halter E. Korus* Father's Birthplace *Ind.*

Mother's Maiden Name *Margaret Lord* Mother's Birthplace *Ind.*

Name of person giving Information *Margaret Korus* How related to deceased *mother*

CAUSES OF DEATH

Primary *endocarditis -* How long *1 mo 8 days*

Immediate *syncope* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

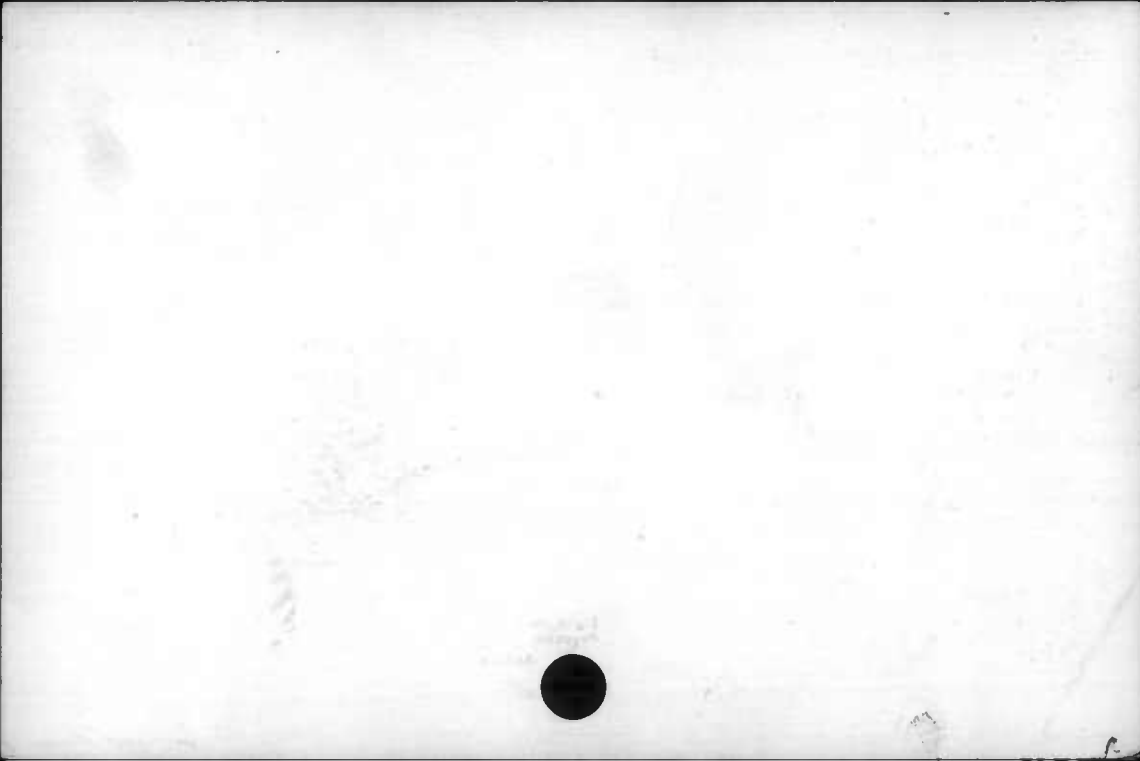
Address

J M Brady
Kenilworth
N. J.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

No Name Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Cyattville ^{County} Prince George MARYLAND
 Date of death 1909 ^{Month} Dec ^{Day} 27 ^{Years} Age still born ^{Months} ^{Days}
 Sex female ^{Color or Race} Colored ^{Birth-place} Md
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name John J Lewis Father's Birthplace Md
 Mother's Maiden Name Ella Barton Mother's Birthplace Md
 Name of person giving Information John J Lewis How related to deceased Father

CAUSES OF DEATH

Primary Still born ☒ How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Augustus H. Zahler J.P.
 Acting Coroner
 Bladenburg Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Wm G. Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at Meadows ^{Town} P.G. ^{County}

Date of death 190 9 ^{Month} 12 ^{Day} 1 ^{Years} Age 29 ^{Months} 1 ^{Days}

Sex Male Color or Race Black Birth-place St Mary's Co

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Maggie Marshall

Father's Name Wm Marshall

Father's Birthplace Chas Co. Ind

Mother's Maiden Name Stewart

Mother's Birthplace St Mary's Co

Name of person giving Information Wm Marshall

How related to deceased Sister

CAUSES OF DEATH

27

Primary Tuberculosis

How long Don't know

Immediate

Are the name, age, sex, color, date and place correctly given above?

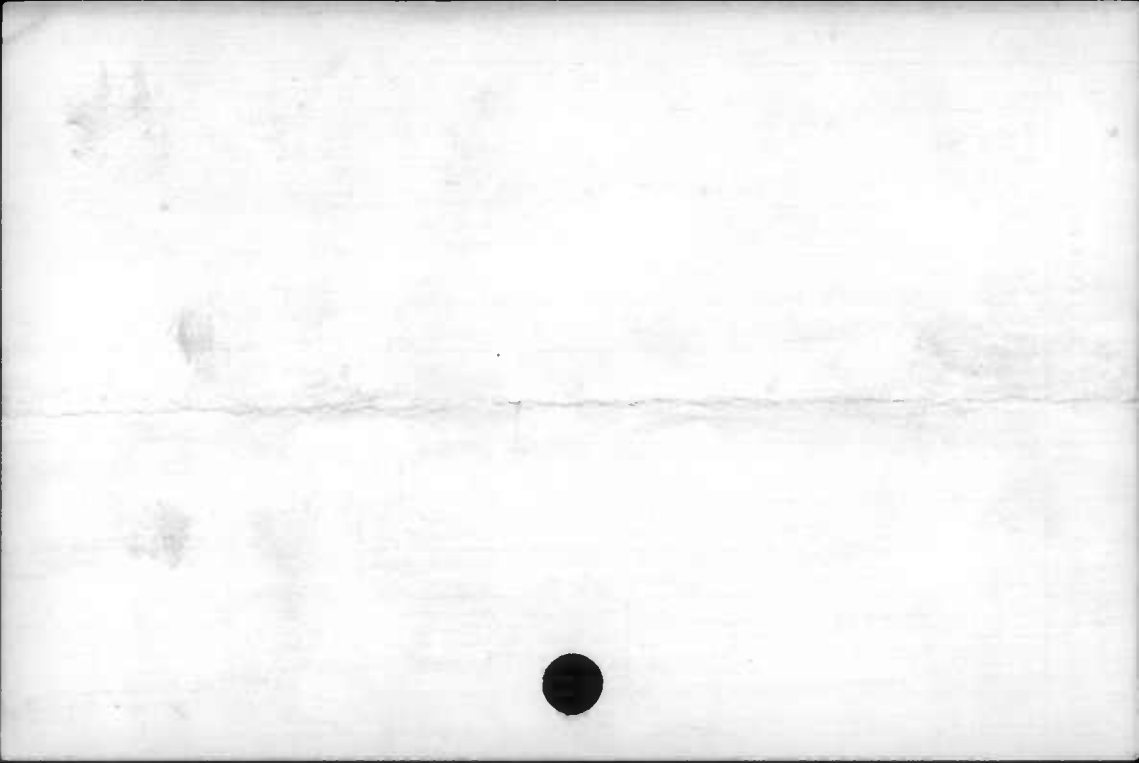
Signature of Physician

Address

J. L. Griffith
Upper Marlboro.
Nov 30 - first time

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

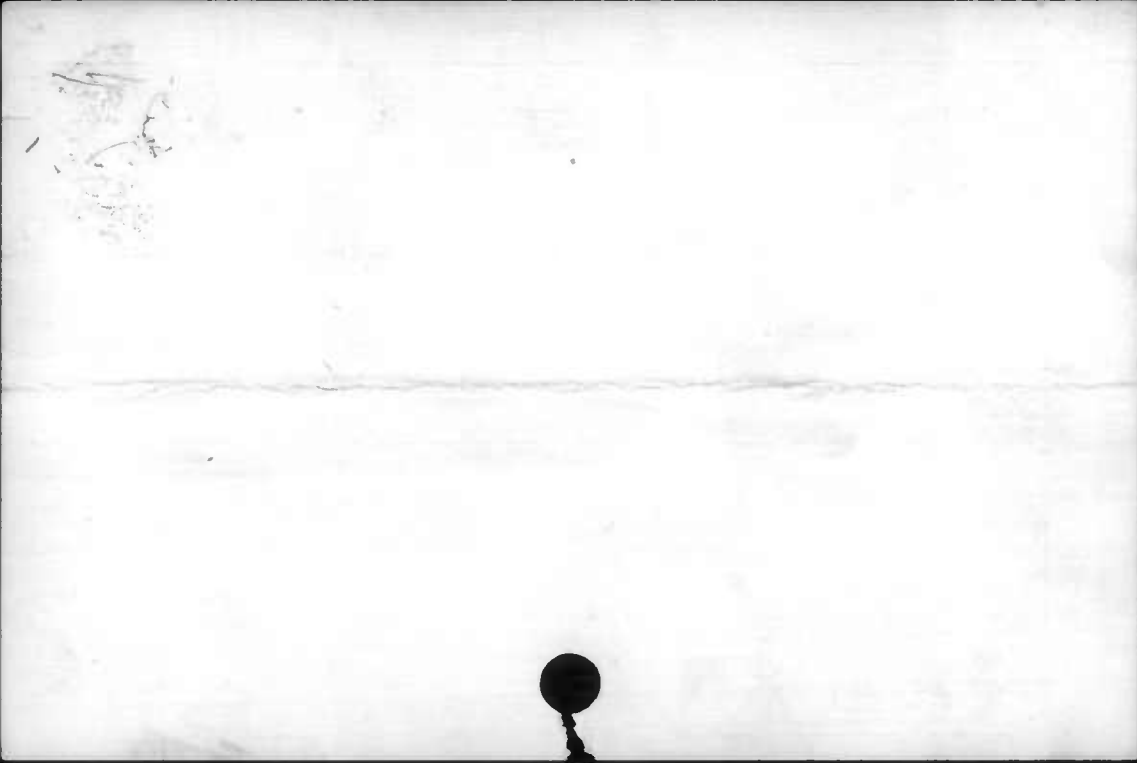
Name James H. E. Mitchell		Town Upper Marlboro		County Prince Georges		MARYLAND	
Died at		Month 12		Day 10		Years 64	
Date of death 1909		Month 12		Day 10		Age 64	
Sex Male		Color or Race White		Birth-place Md			
Occupation Auctioneer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Mary F. Mitchell					
Father's Name Mordecai Mitchell		Father's Birthplace Md					
Mother's Maiden Name Elizabeth Mullikin		Mother's Birthplace Md					
Name of person giving Information Mary F. Mitchell		How related to deceased Wife					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis. Emphysema		How long 18 months	
Immediate Syncope		How long 24 hrs	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Reverdy Sasser	
		Address Upper Marlboro Md	
Accident or Suicide			



Name
in
Full

Elizabeth Myrtle Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *L.B.* Town *Porter* County *York* **MARYLAND**

Date of death 190*9* Month *12* Day *16* Age *2* Years *2* Months *3* Days

Sex *female* Color or Race *Colored* Birthplace *Ind*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Philip Morris Proctor* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Newman* Mother's Birthplace *Ind*

Name of person giving Information *Philip M. Proctor* How related to deceased *father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *3 weeks*

Immediate *exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John A. Cor*

Address *L.B.*

Accident or Suicide *no*



Name
in
Full

Wm Lanza Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

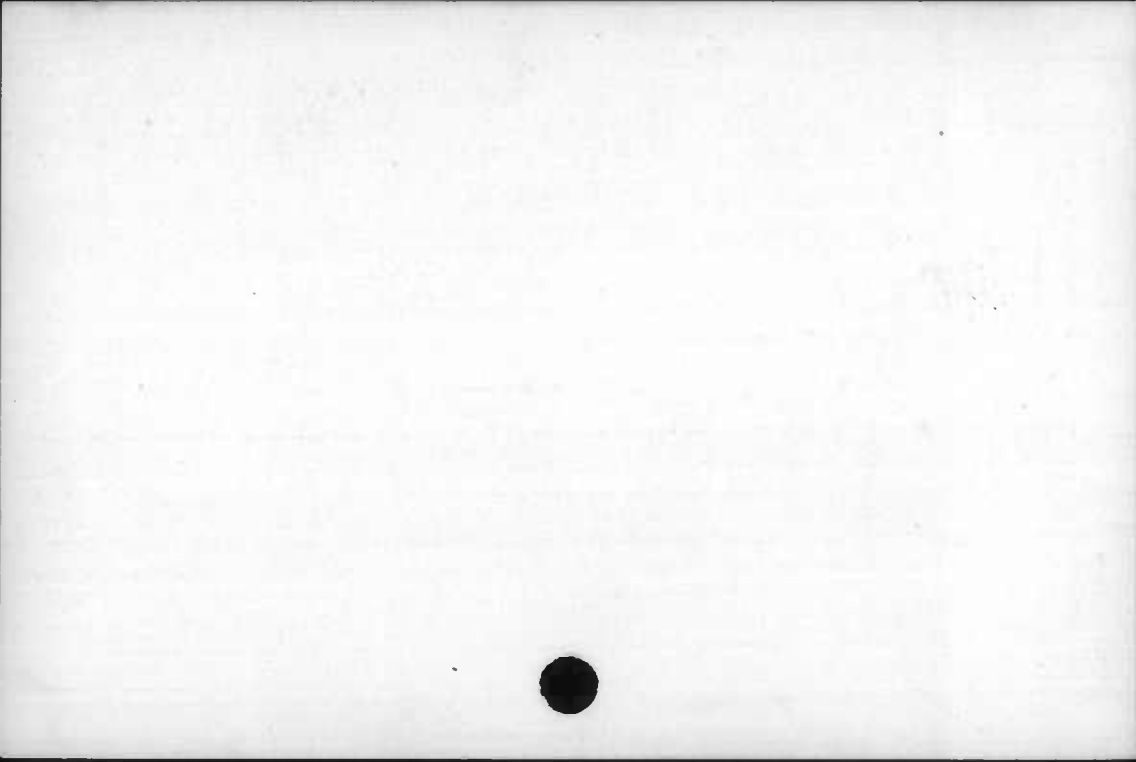
Died at <i>Ordanville</i> ^{town}		<i>Pr Geo</i> ^{County}		MARYLAND	
Date of death	1909	Month	12	Day	29
Age		12		Years	
Sex		Male		Color or Race	Colored
Birth-place		Md			
Occupation		Laborer		Where Residing if not at place of death	
		Washington D.C.			
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Wm Proctor		Father's Birthplace	
				Md	
Mother's Maiden Name		Louisa Johnson		Mother's Birthplace	
				Va	
Name of person giving information		Silvester Proctor		How related to deceased	
				Cousin	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John A. Coe</i>	
		Address	
		<i>213. Md.</i>	
Accident or Suicide?			



Name
in
Full

Russell Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

W. L. Richards

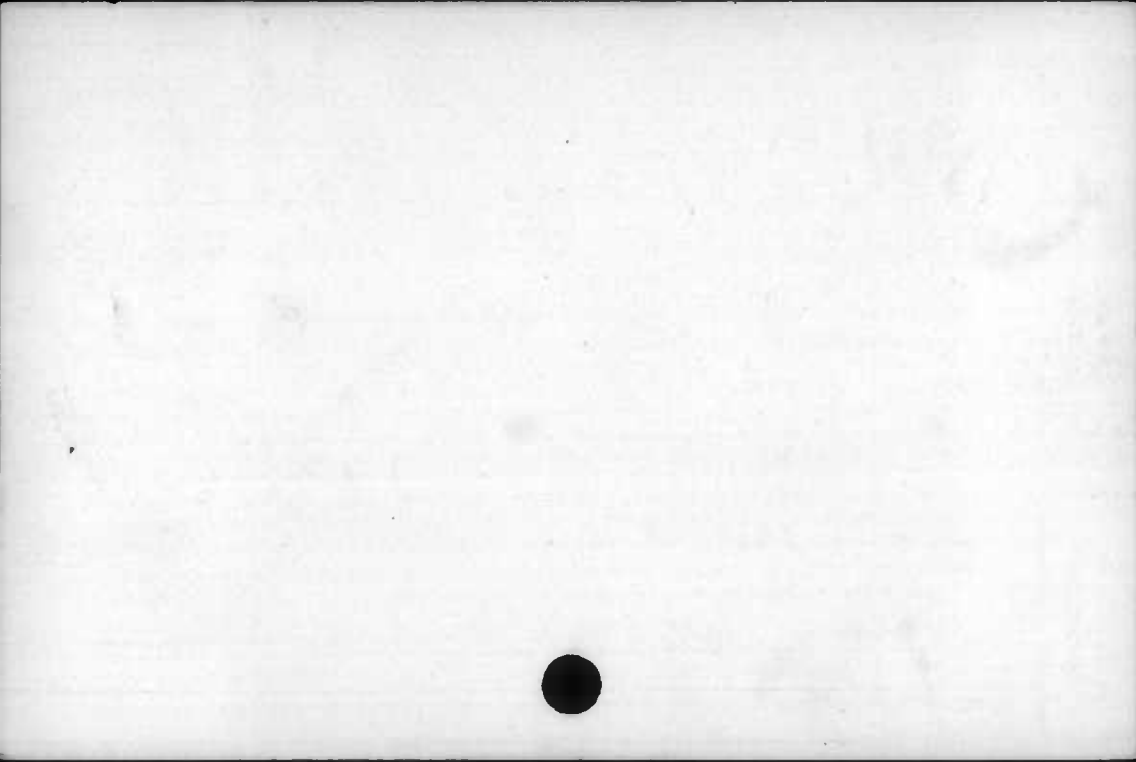
Died at <i>6 St. W. West W. C.</i>		Town <i>Washington</i>		County <i>two</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>15</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>W. C.</i>				
Occupation <i>house</i>	Where Residing if not at place of death <i>—</i>						
Married Single	Name of Wife or Husband <i>—</i>						
Father's Name <i>—</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Mrs Grimes</i>	How related to deceased <i>unknown</i>						

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Ruptured</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Leaning</i>
	Address <i>C. Clinton</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Mamie E. Smith

Town

County

MARYLAND

Died at Laurel

P. 42

Date

of death

1909

Month

Dec

Day

8

Years

Age

21

Months

9

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

Yes

Name of Wife or
Husband

John T. Smith

Father's
Name

Robert Wells

Father's
Birthplace

Md

Mother's
Maiden Name

Mary McDonald -

Mother's
Birthplace

Md

Name of person giving
Information

John T. Smith

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Six Mo.

Immediate

Heart Failure

How long

Four Mo.

Are the name, age, sex, color, data
and place correctly given above?

Yes

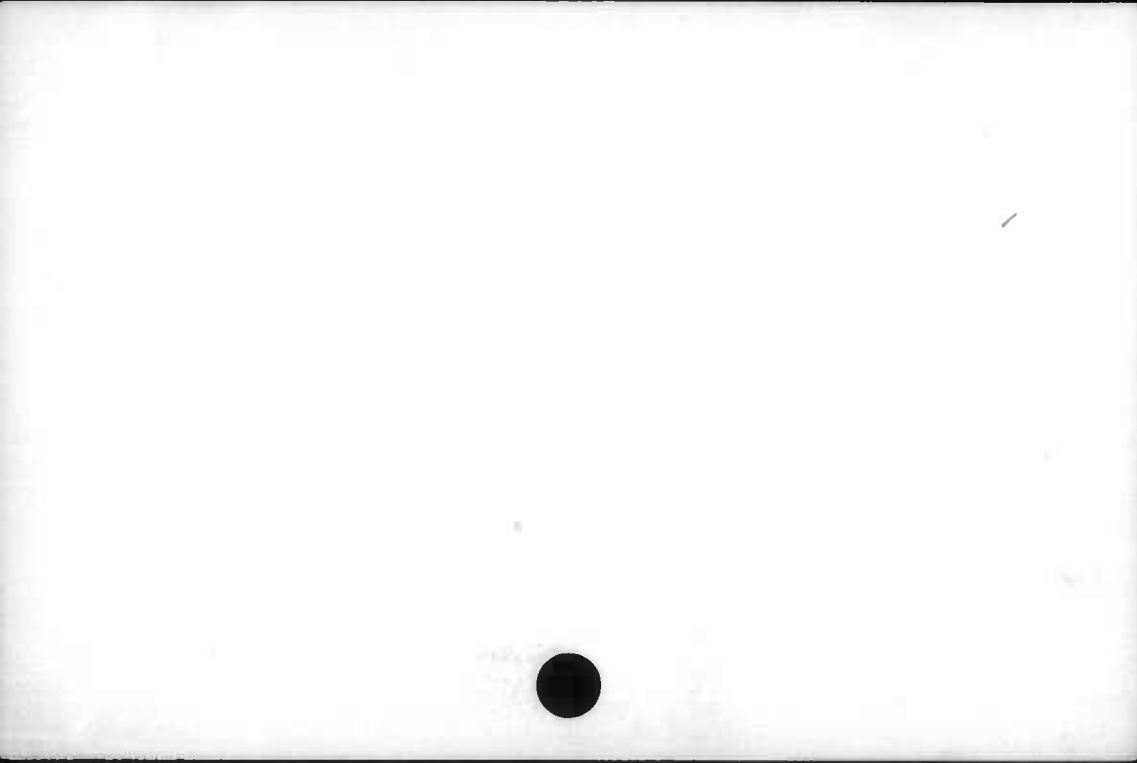
Signature of
Physician

Address

J. R. Smith
Laurel

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary Smith
Meadows ^{Town} Prince George ^{County}

MARYLAND

Date

of death

1909

Month

12

Day

24

Age

Years

Months

7

Days

Sex

Female

Color or
Race

Black

Birth-
place

md.

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank Smith

Father's
Birthplace

md

Mother's
Maiden Name

Josephine Gross

Mother's
Birthplace

md

Name of person giving
Information

Frank Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

marasmus

How long

several months

Immediate

Collapse

How long

24 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

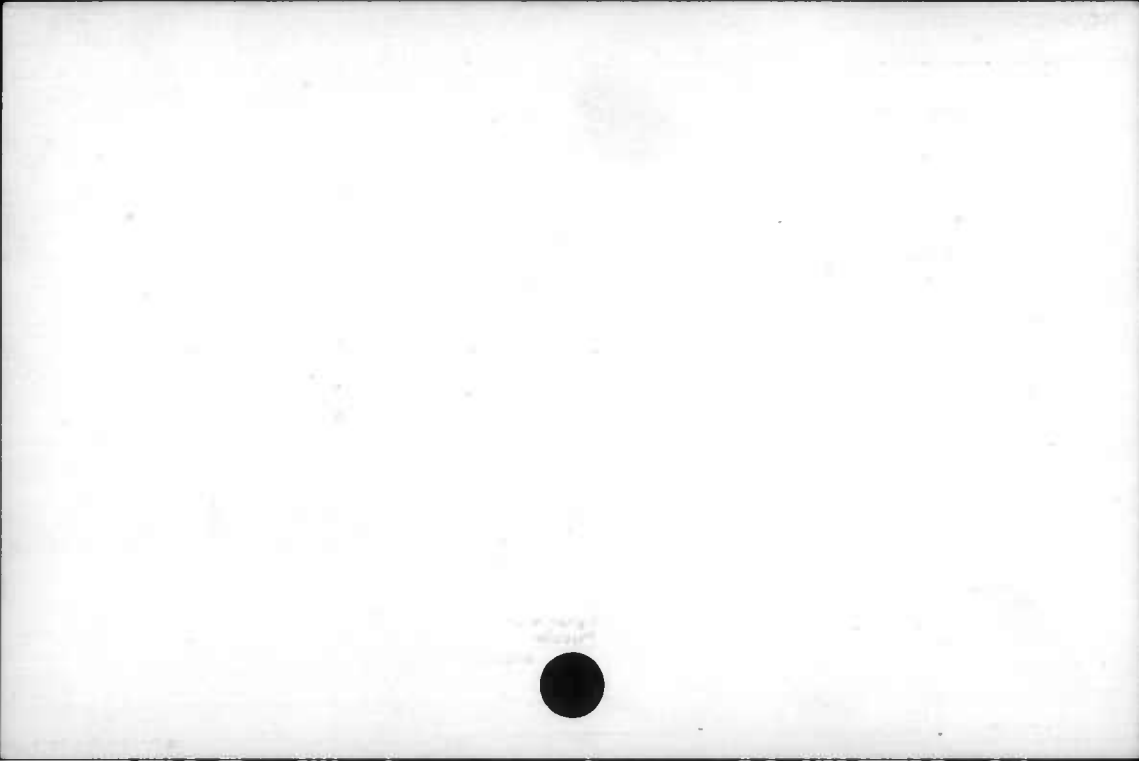
Address

John E. Gansbury
Frostville
md

Accident or Suicide

neither

PHYSICIAN
OR CORONER



Name
in
Full

Wallace Benj. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *I.B.* Town *Pr Geo* County **MARYLAND**

Date of death *1909* Month *12* Day *1* Year *55* Age about *55* Months Days

Sex *male* Color or Race *Colored* Birth-place *md*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Christiana Pinkney*

Father's Name *Wm Smith* Father's Birthplace *md*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving Information *Harvey Smith* How related to deceased *Son*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Cancer of Stomach* How long *4 months*

Immediate *Exhaustion* How long *several days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John A Coe*

Address *I.B. md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Seat Pleasant* Town *P. G. Co.* County

Date of death 190*9* Month *12* Day *9* Age *55* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *Laborer* Where Residing if not at place of death

Married, ~~Single~~ *Single* Name of Wife or Husband *Maria Louise Sprigg*

Father's Name *John Sprigg* Father's Birthplace *Md*

Mother's Maiden Name *Morris* Mother's Birthplace *Md*

Name of person giving Information *Maria L. Sprigg* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Natural Causes* How long *Sudden*

Immediate *Heart trouble* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John E. Sansbury
Forestville
Md

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

e



Name
in
Full

CERTIFICATE OF DEATH

Westley Tucker

Town

County

MARYLAND

Died at Bladensburg

Prince Georges

Date of death 1909 Dec 9

Month

Day

Age 54

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Decie Reed

Father's
Name

John Henry Tucker

Father's
Birthplace

Unknown

Mother's
Maiden Name

Ellen Rebecca Cook

Mother's
Birthplace

Unknown

Name of person giving
Information

Decie Tucker

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Arteriosclerosis. Myocarditis

How long

Small yrs

Immediate

Acute cardiac dilatation

How long

1/2 hr

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Thos Ratten

Address

Byallsville
Ma

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

el



Name in Full		Certificate of Death			
Mrs Mary Ann Underwood		Maryland			
Died at Accokeek, Pr Geo.		County			
Date of death 1909 Dec 14		Age 73		Months — Days —	
Sex Female		Color or Race White		Birth-place Char. Co. Md.	
Occupation Housewife		Where Residing if not at place of death —			
Married, Single or Widowed Widowed		Name of Wife or Husband John Underwood.			
Father's Name Miley Ferrall.		Father's Birthplace Char. Co. Md.			
Mother's Maiden Name Harriet Leyer		Mother's Birthplace Pr Geo. Co Md			
Name of person giving information Margaret Underwood		How related to deceased Grand-daughter			
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		154	
		Primary Infirmitates of Age.		How long 20 months. -	
		Immediate Heart Failure.		How long	
		Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician E. D. Hurth. M. D.	
Physician or Coroner		Address Piscataway, Md.			
Accident or Suicide?					



Name
in
Full

Mrs. Dicie Waters

CERTIFICATE OF DEATH

Died at

Laurel.

Town

Pt. George

County

MARYLAND

Date

of death

1909

Month

12

Day

9

Age

Years

76

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Tafford Co. Pa

Occupation

Housekeeper

Where Reaiding if not
at place of death

Laurel Md.

Marriad, Single
or Wldowad

Widow

Name of Wife or
Husband

Marcus Waters

Father's
Neme

Unknown

Father's
Birthplace

Va.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Va.

Nama of person giving
Information

Aunnie Diamonds

How related
to deceased

Daughter

CAUSES OF DEATH

64

Primary

Apoplexy

How long

1 wk

How long

Immediata

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

D. R. Cherry
Savannah

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

male child of Edward F. Young & Lena Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brandywine</u> ^{Town}		<u>Prince Georges</u> ^{County}		MARYLAND	
Date of death	1909	Month	12	Day	13
Age		Years		Months	Days
Sex	male	Color or Race	colored	Birth-place	Md
Occupation	<u>None</u>		Where Residing if not at place of death <u>same</u>		
Married, Single or Married		Name of Wife or Husband			
Father's Name		<u>Edward F. Young</u>		Father's Birthplace <u>Md</u>	
Mother's Maiden Name		<u>Lena Turner</u>		Mother's Birthplace <u>Chas Co Md</u>	
Name of person giving information		<u>Edward F. Young</u>		How related to deceased <u>father</u>	

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary	<u>Weak at birth (unable to take nourishment)</u>	How long	
Immediate	<u>Hemorrhage of bowels (Exhaustion)</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>Acting</u> Physician <u>Coroner</u> <u>William H. Squires J. P.</u>	
<u>Yes</u>		Address <u>Brandywine</u>	
		<u>Md</u>	
Accident or Suicide?			

